South Bend Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>03-16-13</u>	Address:	1200 E. Haney	
Case #:	13-3629		On railroad tracks	
County:	St. Joseph		South Bend, FN	
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)		
	ional Lab cal/Glassware/Equipment (only) fite (only)	Residence Outhuilding Vehicle	☐ Hotel/Motel ☑ Open No Structute ☐ Other:	
(check all t	i <mark>nd: Location (bedroom, kitchen, open a</mark> hat apply) _D /Ammonia Reaction(s): <u>one pot rea</u>		<u> —</u>	
[Red Phosphorous/Iodine Reaction(s):				
Ffammable Solvents:				
⊠ Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
☐ Hydrochloric Acid Gas Generator(s): 6				
Corrosive Acid:				
Corrosive Base:				
Other (item and location):				
Child under age 18 discovered (check one) ☐ Yes (number present) ☐ No *If yes, fax report to Child Protective Services		Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:		
This repor	rt is to be faxed to the following ago	engies that serve the l	ocation:	
Fire Department: South Bend Fire Department Health Department: St. Joseph County Child Protection Service: INDCS in St. Joe Co		Fax: <u>235-9</u> Fax: <u>236-5</u>	Fax: <u>235-9305</u> Fax: <u>235-9497</u> Fax: <u>236-5400</u>	
	r information regarding this methamp ing Officer: <u>Sgt. Eric Beckham</u> Ph		ontact	
** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department				

**** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Loader for retention.

listed within 24 hours of scene processing.